

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/677,178
Filing Date	10/2/2003
First Named Inventor	Stefan Schneidewind
Art Unit	2829
Examiner Name	JERMELE M HOLLINGTON
Attorney Docket Number	1016.3514

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record.
- ☒ the practitioners (with registration numbers) of record listed on the attached paper(s), or
- ☐ the practitioners of record associated with Customer Number 12080

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|-----------------------------------------|-----------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input checked="" type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) | Please explain below: |

Certifications

Check each box below that is factually correct. Warning: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intent to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

- A. ☐ The address of the inventor or assignee associated with Customer Number:

OR

B. <input checked="" type="checkbox"/>	Inventor or Assignee name	Cascade Microtech, Inc Attn: Joe Shallenburger.		
	Address	9100 SW Gemini Drive		
	City	Beaverton	State OR	Zip 97008
	Country	U.S.		
	Telephone	(503) 601-1975	E-mail joe.shallenburger@cmicro.com	

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/Kevin L. Russell/			
Name	Kevin L. Russell		Registration No. 38,292	
Address	601 SW Second Avenue, Suite 1600			
City	Portland	State OR	Zip 97204-3157	Country U.S.
Date	August 23, 2011		Telephone No. (503) 278-3314	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.